

Wrestling

2023 DATES

June 26-28

Spartan Strong Youth Wrestling Camp

June 26-28

Spartan Strong High School Wrestling Camp

Commuter Camps

- Head Coach Roger Chandler - 3 time All-American
 - Associate Head Coach Chris Williams - NCAA All-American
 - Assistant Coach Willie Mikius
 - Assistant Coach, Te'Shan Campbell
- 5 - OLYMPIANS ● 25 - NATIONAL CHAMPIONS
● 68 - BIG TEN CHAMPIONS ● 136 - ALL-AMERICANS

Registration: Park in Lot 79 (Football Stadium) and proceed to check-in at IM West. You will be provided a parking code with your confirmation of enrollment for complimentary parking.

Youth Camp

June 26-28

Entering grades 1-8

Check-in: 9:00 a.m.

Check-out: Noon

Camp fees: Commuter Camp \$200.00
(No meals)

High School Camp

June 26-28

Entering grades 8-12

Check-in: 12:30 p.m.

Check-out: 4:00 p.m.

Camp fees: Commuter Camp \$200.00
(No meals)

This Summer We Train Like Spartans!

Sport Specific Equipment To Bring To Camp

- Wrestling shoes
- Athletic clothing
- Head gear if desired

SPARTAN  **STRONG**

www.sportcamps.msu.edu

 [@wrestlingmsu](https://twitter.com/wrestlingmsu)



Scan for Camp Website

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Commuter Camps

CAMP INFORMATION

Refund Policy

Campers unable to attend camp are entitled to a refund. A \$55 administrative fee (only \$30 if you enrolled online) will be deducted from all refunds, **regardless of the reason**. Refund requests must be submitted in writing PRIOR to the first day of the camp session in which the camper was originally enrolled. **No refunds for any reason (i.e. injury, illness) will be given once a camper is on campus.** email: msucamps@msu.edu

Check-In/Check-Out

Time and location of check-in/check-out will be printed on your receipt and sent to you at time of payment.

Medical Policy

Each participant should have his or her own medical insurance. A student trainer will always be available. Participants are automatically enrolled in MSU's accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance. No physicals are required.

CONTACT INFORMATION

Sports specific
questions contact:
517-432-5036

General, Registration and
Roommate questions:
www.sportcamps.msu.edu

REGISTRATION INFORMATION

Register online at www.sportcamps.msu.edu or complete the attached application. **Full payment by either check, MasterCard, VISA, Discover or American Express must accompany the application.** Make checks payable to Michigan State University. No applications will be accepted before February 1st. You will receive confirmation for receipt of enrollment by mail within 12-15 business days.

MSU Sport Camp Policy

Persons enrolled in MSU Sport Camps will be required to attend all sessions and to comply with the rules and regulations of Michigan State University governing the conduct of all students on the campus.

IMPORTANT PARKING INFORMATION

A parking validation code for complimentary parking in our pay by plate lots will be provided in your confirmation of enrollment email as well as your mailed receipt. Please refer to maps.msu.edu for lot locations and lot numbers.

MSU Sport Camps are open to any and all entrants (limited only by number, age and grade level).

The Wrestling Camp Application

REGISTER AT WWW.SPORTCAMPS.MSU.EDU

PLEASE PRINT INFORMATION BELOW OR ENROLL ONLINE

Name _____

Address _____

City _____ State _____ Zip _____

Parent or Guardian _____

Daytime Telephone _____

Evening Telephone _____

E-mail _____

Grade in September: _____ Age: _____

Sex: _____ Date of Birth: _____ Ht: _____ Wt: _____

Youth Shirt Size: Small Medium Large

Adult Shirt Size: Small Medium Large X-Large

Please enroll me in the following Wrestling camp:

Camp Date		Commuter
June 26-28	Youth Camp	<input type="checkbox"/> \$200.00
June 26-28	High School Camp	<input type="checkbox"/> \$200.00

U.S. FUNDS ONLY.

Please make checks payable to
MICHIGAN STATE UNIVERSITY

Check one:

Check Mastercard VISA Discover American Express

Card Number _____

3 digit security code _____ Exp. Date _____

Signature _____

Amount of Check/Charge enclosed _____

** we will not accept checks within 10 calendar days of camp start date.*

Medical Treatment Authorization Form

Participant's Name _____ DOB ____/____/____

What Sport: **Wrestling**

Date of Camp: _____

Participants are automatically enrolled in MSU's accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance.

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary):

2. List any medications currently taking:

3. List any allergies:

In case of emergency please contact:

Name _____

Daytime Telephone _____ Evening Telephone _____

Insurance Information:

Name of Medical Insurance Company _____ Insurance Company Telephone _____

Name of Insurance Policy Holder _____ Policy Holder DOB _____

Medical Insurance Policy Number _____ Medical Insurance Group# (if appl) _____

_____, as parent or legal guardian of the participant named above, authorizes MSU to seek medical and/or surgical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Signature (Parent or Guardian) _____ Date _____

Send Application and Medical Treatment Form with payment in full to:

MICHIGAN STATE UNIVERSITY
Sports Camp Office
535 Chestnut Rd, W239
Spartan Way, East Lansing, MI 48824

Pick-up, Drop-off, and Commuter Permission Form

This form must be completed prior to the start of the MSU youth program by the parent/guardian listed as the youth participant's emergency contact for the following instances:

- The participant's parents/guardians wish for the participant to be excused from the program prior to its scheduled conclusion
- The participant's parents/guardians have arranged for the participant to be temporarily checked out of the program for another event (scheduled family gathering, medical appointment, dining off-site with a family member, etc.)
- The participant's parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program's drop-off process
- The participant's parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program's pick-up process
- The participant's parents/guardians authorize the participant to commute independently to and from the specified youth program

PARTICIPANT'S NAME: _____

PROGRAM NAME: _____

Permission for Early/Alternative Release

I, _____, parent/guardian of _____, grant permission to the Michigan State University Youth Program faculty/ staff/ volunteers to release responsibility for my youth participant to the following individuals only, during the specified dates and times of the MSU Youth Program.

First Name	Last Name	Relationship to Participant	Phone Number	Date/Time of Release	Date/Time of Return

Permission for Youth Participant to Commute Independently

I, _____, parent/guardian of _____, permit the youth program participant to commute independently to and from the specified youth program.

Authorization Signature

By signing below, I acknowledge that MSU will not be responsible for the participant after the participant is excused in the one of the above ways. I also understand that the participant will not be released to any persons other than those listed above.

Parent/Guardian Signature: _____ **Date of Signature:** _____

Parent/Guardian Work Phone: _____ **Parent/Guardian Cell Phone:** _____

Parent/Guardian E-mail: _____

Parent/Guardian Consent Form

I grant permission for (Print participant's name) _____
to participate in all educational, physical and social activities of the following MSU Sport Camp
(Please write in sport and date of camp) _____.

I understand that sessions may entail field trips and/or campus facility tours. I also understand that participants may engage in athletic or other recreational activities that have special risks. I also understand that my child has occupied a camp spot and therefore, once camp has begun there will be no refunds for any reason, including injury or illness.

I have read the session descriptions and approve of my child's selections. I accept any risks associates with the assigned sessions and selected recreational activities.

I understand that my child has a role to play in regards to his or her safety and security. I will speak with my child about the need to honor safety rules and to behave responsibly.

(PLEASE PRINT)

Parent or Legal Guardian: _____

Signature: _____

Date: _____

Michigan State University Media Release Form

Participants in MSU-sponsored programs and activities may be photographed and videotaped for use in MSU promotional and educational materials. The participants are not identified by name in the materials.

I authorize MSU to record the image and voice of the subject named below and I give MSU, and all those acting with MSU's approval, all rights to use these images and voice recordings. I understand that such images and/or recordings may be used for educational and promotional purposes. This authority extends to all conventional and electronic media, including the Internet and any future media, and to any printed material.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any manner without compensation or liability, in perpetuity.

Print subject's name: _____

Signature of Parent/Guardian of minor participant or of participant aged 18 and up:

_____ Date: _____

_____ Date: _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON”**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

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